

## MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS (MCERP)

## **Transfer Request of Prior Service**

## SECTION I – TO BE COMPLETED BY EMPLOYEE

Name						
Last	First		Middle		Mai	den
Social Security #			_ Date of Birth	Month	Day	Year
Montgomery County Date of Hire	e		_Current Status	Full	•	
Name, Address & Phone Number	of Prior E	Employe	er:			
Prior Employer Date of Hire			_ Prior Status	Full Ti	me	Part Time
Prior Employer Date of Terminat	ion	Day	Year			
I REQUEST CERTIFICATION OF M	MY RETIR	EMENT	SERVICE CRED	IT FOR TH	E PERIC	DD(S) I WAS
A MEMBER OF THE			RETIR	EMENT / P	ENSION	SYSTEM.
EMPLOYEE'S SIGNATURE				$\overline{\mathrm{DA}}$	TE	
Please return completed form to:		101 N	RP - Retirement Monroe Street, 6 <sup>th</sup> ville, MD 20850			

Email: retirement@montgomerycountymd.gov

Fax: 240-306-1389

Employee Name:		SSN:		
SECTION II - TO BE	COMPLETED BY AG	ENCY CERTIFYING S	ERVICE	
Agency	Service (From–To)	<u>Salary</u>	Type of Employment (Full Time, Part Time)	
Total Credited Service:	Years Months	Is Applicant Vested?	Yes	No
Does Credited Service I	nclude Any Service Purc	chased?	Yes	No
If Yes, Total Purchased	Service Credited:	Years	Months	
Does Credited Service I	nclude Credit For Milita	ry Duty?	Yes	No
If Yes, Total Military Ca	redited Service:	Years	Months	
Does Total Credited Ser	vice Include Any Break	In Service?	Yes	No
Defined Contribution Pl	an: Yes No	Contributory Plan:	Yes	No
If Yes, were Applicant's	s Contributions Refunde	d: Yes No	Date:	
contribution or any perions of the contribution or any perions of the contribution of	od of time a non-contrib	contributory members did utory member was not paid	d.	
KNOWLEDGE.				
Form completed by: (Plea	ise print name)			
SIGNATURE			DATE	
TITLE			TELEPHONE	
Please return completed		CERP  Monroe Street, 6 <sup>th</sup> Floor		

Rockville, MD 20850 Fax: 240-306-1389

 $Email: \underline{retirement@montgomerycountymd.gov}$